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BIB DATA SHEET

CONFIRMATION NO. 4225

SERIAL NUME	MBER FILING or			CLASS		GROUP ART UNIT			ATTORNEY DOCKET	
10/689,852	,852 10/22/2				705	3626		103864.142 US1		
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Foreign Priority claimed 35 USC 119(a-d) conditions met Yes No Verified and Acknowledged YALERIE LUBIN/ Examiner's Signature			☐ Met af Allowa	ter ance	STATE OR COUNTRY	DRAWINGS CL		TOTA CLAII	MS	INDEPENDENT CLAIMS 9
ADDRESS										
WILMERHALE/NEW YORK 399 PARK AVENUE NEW YORK, NY 10022 UNITED STATES										
TITLE										
Computer system and method for generating healthcare risk indices using medication compliance information										
	FEES: Authority has been given in Paper						☐ All Fees			
							☐ 1.16 Fees (Filing)			
	No to charge/credit DEPOSIT ACCOUNT								ing Ext. of time)	
1452 N	No for following:						☐ 1.18 Fees (Issue)			
						Other				
☐ Credit										